

Carlsbad Police Department

Massage Establishment License Procedure

The following is intended to provide a sequential outline of the process for obtaining a **City of Carlsbad Massage Establishment License**. It is provided for informational purposes and does not represent an obligation or contract to issue a massage establishment license or any other license.

Please refer to Title 5, Chapter 5.16 of the City of Carlsbad Municipal Codes for regulations, requirements, and qualifications for licenses <http://www.carlsbadca.gov/chall/ccodes.html>

Applicant

- Obtain application(s) for each owner/partner. The form(s) may be obtained at the Police Department or downloaded off this website.
- When all paperwork has been completed, make an appointment with Judy Thomas at (760) 931-2145.
- Pay: A Massage Establishment license fee of \$500 and \$100 per applicant (owner/partner), **cash or check only**. These fees should be paid at the Police Department reception desk at the time of the appointment. Credit cards are not accepted.
- The following steps will be accomplished at the time of your appointment. The police department will not initiate the investigative licensing procedure until these steps have been completed:
 1. Fingerprints and photographs will be taken. (No other agency fingerprints or photographs will be accepted.)
 2. Payment of fees.
 3. Completed application(s) will be reviewed and accepted.

Police Department

- The Police Department will notify the appropriate departments:
 1. City of Carlsbad Building Department
 2. City of Carlsbad Fire Department
 3. City of Carlsbad Planning Department
 4. San Diego County Health Department
- The Police Department will request a criminal history check on each owner/partner from the California Department of Justice.
- The Police Department will issue the City of Carlsbad Massage Establishment License for a five (5) year period upon completion of the criminal background and upon notice of satisfactory inspection by each of the above named city departments.
 1. Applicant may request an appointment with license review detective if the Massage Establishment license is not approved.
 2. The anniversary date for the license shall be the date the license was issued.

Note: The applicant should **begin the renewal license process at least 60 days prior to the fifth anniversary date** to ensure adequate time to process the application.

CHECKLISTS

Contact:

- ☐ Confirm location with Zoning at (760) 602-4600
- ☐ Contact Judy Thomas at (760) 931-2145
- ☐ Contact Finance Department for business license at (760) 602-2495

Facility must have:

- ☐ Recognizable/legible sign indicating type of business
- ☐ Minimum lighting in each room (at least 60 watts per bulb)
- ☐ Adequate ventilation
- ☐ Exit signs
- ☐ Hot/cold running water
- ☐ Disinfecting/sterilizing equipment and instruments
- ☐ Closed cabinets for clean linen
- ☐ Adequate bathing, dressing, locker, and toilet facilities (at least 1 shower/locker)
- ☐ All walls, ceilings, floors, etc. must be clean and in good condition.
- ☐ Clean and sanitary towels and linen for patrons
- ☐ Soap and detergent provided for patrons

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Name: _____
Last first middle

AKA (Other names used by applicant): _____
Last first middle

Physical description: Sex____ Age____ Ht____ Wt____ Hair____ Eyes____

Date of Birth: ____/____/____ Place of Birth: _____
City, State

Driver's license no: _____ State: _____ Soc Security _____

Residence address: _____

Home phone no: (____) _____ Work phone no: (____) _____

Relationship to business: _____
(Owner, manager, partner, corporate officer, director)

Name of business: _____

Location of business: _____
Address city, state zip

Mailing address: _____
(Only if different from above)

Business phone number: (____) _____

Describe services provided: _____

Have you ever had any license or permit issued by any agency, board, city, county or state revoked or suspended, or had any professional or vocational license or permit revoked or suspended?

Yes ____ No ____ If yes, give explanation:

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List residence addresses for the past five (5) years preceding the application date. Start with the most current address:

From:	to:	street address	city, state	zip

List history of applicant in the operation of a massage establishment or similar business:

From:	to:	company name & address	type of work

List history of applicant in the operation of a massage establishment or similar business:

From:	to:	company name & address	type of work

List all criminal arrests and convictions *except minor traffic violations* and give explanation. Failure to list arrests and convictions may result in non-issuance, revocation, or suspension of your license:

Date	city, state	type of arrest/conviction & disposition

I swear under penalty of perjury that no false, misleading (by omission or otherwise) or fraudulent statements have been made on this application.

Applicant

Date

CARLSBAD POLICE DEPARTMENT
MASSAGE TECHNICIAN/HOLISTIC HEALTH PRACTITIONER
MEDICAL STATEMENT

(Please complete this form if you will also be performing massages at your establishment.)

This statement is to be completed by a **medical doctor only** (physicians' assistants will not be acceptable), within thirty (30) days prior to the application of the City of Carlsbad Police Department for a Massage Technician or Holistic Health Practitioner's license.

The necessary tests have been performed on _____
(Name of Applicant)

and the results of all tests have been determined that the above named individual is free from syphilis, tuberculosis, or other contagious or communicable disease which is likely to be communicated during the administration of a massage.

Signature of Medical Doctor

Date

MEDICAL DOCTOR'S INFORMATION
(Please print or use Stamp)

Name: _____ Phone # (____) _____

Business Address: _____
